## Department of the Interior U.S. Fish and Wildlife Service

## Monthly Report of Irregular or Occasional Overtime Work Qualifying for Premium Pay on an Annual Basis

| Name and Office       |   |                |               |           |        |                                    |             | Month and Year |      |         |  |
|-----------------------|---|----------------|---------------|-----------|--------|------------------------------------|-------------|----------------|------|---------|--|
| Date                  | Narrative Description of Work Performed |                |               |           |        |                                    |             | Hours of Work  |      |         |  |
|                       |   |                |               |           |        |                                    |             | From           | То   | Total   |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             | :              |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           | •      |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |
|                       |   |                |               |           |        | Subtotal                           | From Pr     | ecedia         | Page |         |  |
|                       |   |                |               |           |        | Subtotal From Preceding Page Total |             |                |      |         |  |
| Certificati           | on: I certify                           | that this repo | rt is correct | and inclu | des au | alifying di                        | utv in acco | rdance v       |      | licable |  |
| regulation            | s and Servi                             | ce policy.     |               |           |        |                                    |             |                |      |         |  |
| Signature of Employee |   |                |               |           |        | Signature of Supervisor            |             |                |      |         |  |
|                       |   |                |               |           |        |                                    |             |                |      |         |  |

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